

Contact Person Information

Legal Name of Applicant: _____

The purpose of this form is to provide information to TDH about the appropriate contact person in the applicant's organization. Please type in complete information about each person authorized to perform the following responsibilities. If any of the following information changes during the term of the contract, please notify the Vendor Coordinator, Grants Management Division, TDH.

Name of Applicant's Authorized Representative: _____
Title: _____
Address: _____
E-Mail Address: _____
Telephone Number: _____ **Fax Number:** _____

Name of Project Coordinator: _____
Title: _____
Address: _____
E-Mail Address: _____
Telephone Number: _____ **Fax Number:** _____

Name of contact person regarding this application: _____
Title: _____
Address: _____
E-Mail Address: _____
Telephone Number: _____ **Fax Number:** _____

Name of Financial Officer: _____
Title: _____
Address: _____
E-Mail Address: _____
Telephone Number: _____ **Fax Number:** _____

Name of person responsible for Project Quality Assurance (if applicable): _____
Title: _____
Address: _____
E-Mail Address: _____
Telephone Number: _____ **Fax Number:** _____